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P O BOX 655474, M/S 3999 DALLAS, TX 75265					I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.		
Attn: Jacqueline J. Garner					Marianna Smith (Depositor's name)		
09/15/2004 CNGUYEN1 00000004 200668 09997882					Marianya Smith		(Signature)
01 FC:1501 1330.00 DA					9-10	(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED	INVEN	TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/997,882	09/997,882 11/30/2001 Siang Ping Kw					T1-29745	4230
TITLE OF INVENTION: MULTILAYERED CMP STOP FOR FLAT PLANARIZATION							
APPLN. TYPE	SMALL ENTITY	ISSUE F	FEE PU		BLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330			\$300	\$1630	10/19/2004
EXAMINER		ART UNIT		CL	ASS-SUBCLASS		
ROSE, ROBERT A		3723			451-037000		
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 1 Jacqueline J. Garner 2 W. James Brady III 3 Frederick J. Telecky,				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)							
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
Texas Instruments Incorporated Dallas, Texas							
Please check the appropriate					☐ individual 🕶 c	orporation or other private g	roup entity
4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): 4b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed.							
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a. Applicant claims SM	1ALL ENTITY status. See 3	7 CFR 1.27.	☐ b. Applican	t is not	claiming SMALL ENT	ITY status. See, e.g., 37 CF	R 1.27(g)(2).
The Director of the USPTO NOTE: The Issue Fee and Printerest as shown by the reco							
(Authorized Signature) (Date) (Date) (Date) (Date) (Date) (Date)				7			
This collection of information an application. Confidentialis submitting the completed apthis form and/or suggestions. Box 1450, Alexandria, Virginia 22313-	in is required by 37 CFR 1.3 ty is governed by 35 U.S.C. plication form to the USPT for reducing this burden, shin 22313-1450. DO NOT	11. The informatio 122 and 37 CFR	n is required to 1.14. This colled depending upon Chief Information	o obtain ection is on the i ation O FORM:	or retain a benefit by the sestimated to take 12 rendividual case. Any conficer, U.S. Patent and S TO THIS ADDRESS	he public which is to file (an ninutes to complete, includi mments on the amount of ti Trademark Office, U.S. Dep J. SEND TO: Commissioner	d by the USPTO to process) ng gathering, preparing, and me you require to complete partment of Commerce, P.O. for Patents, P.O. Box 1450,

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